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The Chambers of the Honorable  
James M. Peck  
One Bowling Green, New York  
Courtroom 601  
New York 10004  
U.S.A.

Email; [stuurma2@xs4all.nl](mailto:stuurma2@xs4all.nl)

Krimpen a/d IJssel, 31 maart 2011

Re; Lehman Brothers Holdings Inc.et al.,Debtors. United States Bankruptcy Court/Southern District of New York, Case No. 08-13555 (JMP).

Claimnumber ; 52697  
Date Filed ; 10/28/2009  
Debtor ; 08-13555

Creditor ; Stuurman Storage b.v.  
; Rode Klaver 2  
; Krimpen a/d Yssel 2923 GH  
; The Netherlands

Telephoneno. ; +31-180-522902 or +31-654-214824

e-mail ; [stuurma2@xs4all.nl](mailto:stuurma2@xs4all.nl)

amount of claim ; U\$dollars 185.159 (onehundredeightyfive thousand one hundred fifty nine usdollars) being  
; the usdollar value of Euro 130.000,00 (one hundred thirty thousand euro) as per exchange rate  
; on September 15<sup>th</sup> 2008. (1,4243).

On basis of ; ISIN CODE XS0218304458

Euroclear Bank, Clearstream or other account number ; 13048

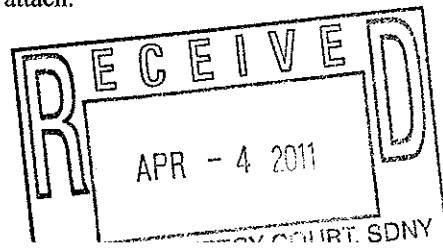
Concise Statement (Reason why above mentioned claim should not be disallowed, expunged, reduced, or reclassified for the reasons set forth in the Objection:

We have mistakenly mentioned the amount of our claim in the Euro currency, instead of U\$ Dollars. The right amount is above-mentioned amount in U\$Dollars, as also stated in the attachment to this opposition letter : a newly completed LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM form. This should be, or should have been in the first instance, assessed as a "clerical error".

Attachment ; Above mentioned Concise Statement' is substantiated by a newly completed LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM form, which we hereby attach.

Yours faithfully,  
Stuurman Storage B.V.

P. Stuurman (man.director)



# LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM

Lehman Brothers Holdings Claims Processing Center  
c/o Epiq Bankruptcy Solutions, LLC  
FDR Station, P.O. Box 5076  
New York, NY 10150-5076

In Re:  
Lehman Brothers Holdings Inc., et al.,  
Debtors.

Chapter 11  
Case No. 08-13555 (JMP)  
(Jointly Administered)

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

THIS SPACE IS FOR COURT USE ONLY

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

STUURMAN STORAGE B.V.  
Rode Klauw 2  
2923 GH Krimpen a/d Yssel  
The Netherlands

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: 52697  
(If known)

Filed on: 10/28/2009

Telephone number: 31-180-522902 Email Address: STUURMA2@XS4ALL.NL

Name and address where payment should be sent (if different from above)

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number:

Email Address:

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$ 185.159,- (Required)

☐ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0218304458 (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

(Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number: 13048

(Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

FOR COURT USE ONLY

Date:

31/03/2011

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Peter Stuurman